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AUGUST 1991

ATTACHMENT 3.1-A
Page 9
OMB No.: 0938-

State/Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☐ With limitations*
☐ Not provided.

e. Emergency hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

TN No. 91-26

Supersedes

TN No. 91-22

Approval Date MAY 21 1992

Effective Date OCT 01 1991

HCFA ID: 7986E

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HCFA 179	<u>91-26</u>	

State: Louisiana

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals,
as defined, described and limited in Supplement 2 to Attachment 3.1-A,
and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 24 1992</u>	
DATE APP'D <u>JAN 27 1993</u>	
DATE EFF <u>OCT 01 1992</u>	
HCFA 177 <u>9224</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL
SECURITY ACT MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 1, Page 1

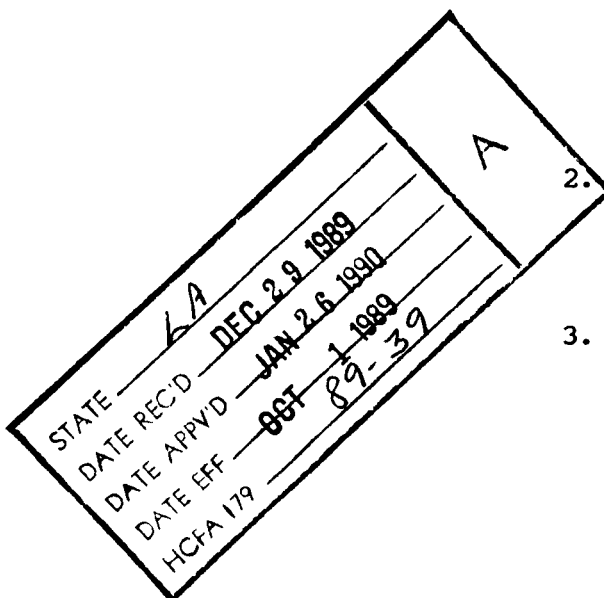
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>MEDICAL AND REMEDIAL</u>	<u>INPATIENT HOSPITAL SERVICES</u>
42 CFR 440.10	CARE AND SERVICE	<u>(OTHER THAN THOSE PROVIDED</u>
SRS PR 40-4	Item 1	<u>IN AN INSTITUTION FOR TUBER-</u>
(C-3),		<u>CULOSIS OR MENTAL DISEASES)</u>
July 2, 1971		are limited to:

A. "Essential medical care requiring hospitalization" in the judgement of the attending physician or by a dentist, and as concurred with by BHSF Prior Authorization Unit, providing the individual is hospitalized in a short term general hospital as defined in Section 1861, Item (e) of the Social Security Act. General hospitals include the following:

1. A private hospital (except one for tuberculosis or mental diseases), either in Louisiana or in another state, which participates in the vendor payment plan, or
2. A Louisiana State General Hospital (except one for tuberculosis or mental diseases) or
3. A public hospital (except one for tuberculosis or mental diseases) in another state which pays public hospitals for hospitalization of recipients in that state.



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STATE PLAN UNDER TITLE XIX OF THE SOCIAL
SECURITY ACT MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
Item 1, Page 1a

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS
FOLLOWS:

- B. "Essential medical care requiring hospitalization" is defined as care needed for treatment of illness or injury which can be provided safely and adequately only in a hospital and includes basic services the hospital is expected to provide. It does not include: (1) care which can be provided at home, in an intermediate care facility, or in a skilled nursing home; (2) the primary purpose of which is convalescent care, rest, or cosmetic care; or (3) diagnostic or surgical procedures when such diagnostic survey or surgery can be performed on an outpatient basis (See Item 1, E.)

STATE <u>LA</u>	A
DATE REC'D <u>DEC 29 1989</u>	
DATE APPV'D <u>JAN 26 1990</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 1, Page 2

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS
FOLLOWS:

CITATION

42 CFR 440.10

- C. Each hospital is required to have a Utilization Review Committee to review all Medicaid inpatient claims to determine medical necessity for inpatient hospital services.
- D. The fifteen (15) day service limit of the cost reimbursement methodology is eliminated with dates of service beginning July 1, 1994.

RESERVED

STATE <u>Louisiana</u>	A
DATE REC'D <u>10-04-94</u>	
DATE APPV'D <u>05-03-95</u>	
DATE EFF <u>07-01-94</u>	
HCFA 179 <u>94-31</u>	

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TN# 89-29

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

E. Outpatient Surgeries on an Inpatient Basis

Certain surgical procedures, as specified in the *Hospital Services Manual*, which are performable on an outpatient or ambulatory basis, require authorization from BHSF for payment to be made when performance of the procedure occurs on an inpatient basis.

Documentation of the medical circumstances which substantiate the need for performance of the procedure(s) on an inpatient basis must be submitted with the request to BHSF for authorization.

F. Criteria for Reimbursement of Organ Transplants

Services related to organ transplants to be performed at a designated transplant center must be authorized by BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria set forth in the *Medicaid Eligibility Manually* equally to all similarly situated individuals.

Organ transplant units must be in compliance with the requirements for such units as contained in Attachment 4.19-A, Standards for Payment.

G. Those services provided in Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units must be in compliance with the *Standards for Payment for Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units*.

STATE <u>Louisiana</u>	A
DATE BY <u>10-3-94</u>	
DATE BY <u>2-1-99</u>	
DATE BY <u>7-1-94</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 1, Page 4

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS
FOLLOWS:

RESERVED

- E. Outpatient Surgeries on an Inpatient Basis - Certain surgical procedures, as specified in the Hospital Services Manual, which are performable on an outpatient or ambulatory basis, require authorization from BHSF for payment to be made when performance of the procedure occurs on an inpatient basis.

STATE <u>Louisiana</u>	A
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STATE OF LOUISIANA

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial
42 CFR Care and Services
440.10 Item 1 (Contd.)

Documentation of the medical circumstances which substantiate the need for performance of the procedure(s) on an inpatient basis must be submitted with the request to BHSF for authorization.

- F. Services related to organ transplants to be performed at a designated transplant center must be authorized by BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria set forth in the Medicaid Eligibility Manual equally to all similarly situated individuals.
- G. Those services provided in Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units which are in compliance with the Standards for Payment for Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units which have been promulgated by the Bureau under the Louisiana Administrative Procedure Act.

STATE <u>Louisiana</u>	A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A

Item 1, Page 5

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION

MEDICAL AND REMEDIAL
CARE AND SERVICES

Item 1. (a)

BLOOD

The cost of all blood not covered by other sources or replaced in the amount used, shall be paid by the Title XIX Program.

All efforts to have the blood replaced shall be made.

STATE	<u>Louisiana</u>	A
DATE DECID	<u>4-23-79</u>	
DATE	<u>5-11-79</u>	
FORM	<u>79-19</u>	

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

H. Hospital Intensive Neurological Rehabilitation Care Units

Neurological rehabilitation services may be provided in a specialized neurological rehabilitation unit called a Hospital Intensive Neurological Rehabilitation Care (HINRC) unit located within an acute care general hospital. Establishment of HINRC units is optional and has no effect on other approaches or settings furnishing neurological rehabilitation services. HINRC units shall meet specialized requirements in order to participate, furnish services only to recipients who meet the criteria for necessity, and be enrolled separately from the acute care hospital with which it is associated. HINRC units may enroll at any time during the year.

1. The hospital must meet the following specialized criteria in order to enroll as a HINRC:
 - a. The hospital shall have appropriate rehabilitation services to manage the functional and psychosocial needs of the patients' services and appropriate medical services to evaluate and treat the pathophysiologic process. The staff shall have intensive specialized training and skills in rehabilitation.
 - b. The hospital shall have formalized policies and procedures to govern the comprehensive skilled and rehabilitation nursing care, related medical, and other services provided. An interdisciplinary team approach shall be utilized in patient care. This team shall include, but is not limited to: a physician, a registered nurse (with special training/experience in rehabilitation and brain injury care/treatment), physical therapist, occupational therapist, speech/language therapist, respiratory therapist, psychologist, social worker, recreational therapist, and case manager.
 - c. The hospital shall have formalized policies and procedures to insure that the interdisciplinary health and rehabilitation needs of every hospital intensive neurological rehabilitation care patient shall be under the supervision of a licensed psychiatrist, board certified in physical medicine and rehabilitation.

STATE	LA	A
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SUPERSEDES: NONE - NEW PAGE